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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

10803

First Named Inventor

CHRISTOPHER BILLINGS

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLUSTER ASSEMBLY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

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(if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27015		OR <input type="checkbox"/> Correspondence address below	
Name CHARLES L. THOEMING/Bielen, Lampe & Thoeming, P.A.			
Address 1990 NORTH CALIFORNIA BLVD., SUITE 720			
City WALNUT CREEK		State CA	ZIP 94596
Country U.S.	Telephone 925.937.1515	Fax 925.937.1529	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) CHRISTOPHER		Family Name or Surname BILLINGS	
Inventor's Signature 			Date 10/3/03
Residence: City	State CA	Country U.S.	Citizenship U.S.
Mailing Address 2535 Vintage Street			
City Napa	State CA	ZIP 94558	Country U.S.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
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<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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Country U.S.		Telephone 925.937.1515		Fax 925.937.1529	
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) JOSE A.				Family Name or Surname ROBLEDO	
Inventor's Signature <i>Jose A. Robledo</i>				Date 10/30/03	
Residence: City		State CA		Country U.S.	
Mailing Address 38 Executive Court					
City Napa		State CA		ZIP 94558	
Country U.S.					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname	
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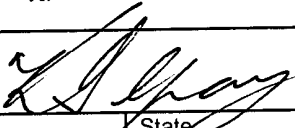
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Given Name (first and middle [if any]) KEITH L.		Family Name or Surname GRAY	
Inventor's Signature 		Date 10/29/03	
Residence: City	State CA	Country U.S.	Citizenship U.S.
Mailing Address 38 Executive Court			
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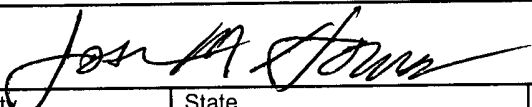
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Given Name (first and middle [if any]) JOSE M.		Family Name or Surname GOMES	
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	CHRISTOPHER BILLINGS
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	10803

I hereby appoint:



Practitioners associated with the Customer Number:

27015

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR



Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:




Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	CHRISTOPHER BILLINGS		
Signature			
Date	10-31-03	Telephone	707-259-4322 0281

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of Four (4) forms are submitted.

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Individual Name

Address

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City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name

KEITH I. GRAY

Signature

Date

10/29/03

Telephone

707-226-1144

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



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## **SIGNATURE of Applicant or Assignee of Record**

Name	JOSE A. ROBLEDO		
Signature	<i>Jose A. Robledo</i>		
Date	10/30/03	Telephone	707-226-1144

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Application Number	
Filing Date	
First Named Inventor	CHRISTOPHER BILLINGS
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	10803

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name JOSE M. GOMES

Signature

Date

Oct. 29, 03

Telephone 707-226-1144

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



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